



# Mechanical License Application

City of Norman Development Services Division

201-A West Gray St.—Norman, OK 73069

(405) 366-5339 Permits (405) 366-5445 Fax

Cash ☐ Credit Card ☐  
Check ☐ # \_\_\_\_\_  
Received: \$ \_\_\_\_\_  
License #: \_\_\_\_\_  
Year Expires: \_\_\_\_\_

## Applicant Information

Applicant Name: \_\_\_\_\_  
LAST FIRST MIDDLE  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ STATE ZIP CODE  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## License Information

State License #: \_\_\_\_\_

### Checklist

- ☐ Completed Mechanical License Application  
☐ State Issued Mechanical License  
☐ Current Driver's License or State Issued Photo ID  
☐ License Payment Fee

## Business Name

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ STATE ZIP CODE  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Contractor Categories

- ☐ Heating Limited ☐ Heating Unlimited ☐ Gas  
☐ Air Limited ☐ Air Unlimited ☐ Other  
☐ Refrigeration ☐ Sheetmetal

## License Fees

Fees from April 1 to Oct 1: \$100.00/category  
Fees from Oct 2 to March 31: \$50.00/category  
Renewal Fees: \$25.00/category

I hereby certify by my signature that I am properly licensed by the State of Oklahoma to work in the occupations I have applied for and that I will abide by all applicable laws governing these occupations. I understand that failure to comply with applicable laws may result in the loss of license and/or fines. Additionally, I understand that City of Norman licenses automatically expire on March 31st of each year.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: APPLICATION MUST INCLUDE A COPY OF YOUR STATE LICENSE, CURRENT DRIVER'S LICENSE OR PHOTO ID. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. APPLICANT IS NOT LICENSED UNTIL APPLICATION IS APPROVED AND APPLICABLE FEES ARE PAID. PLEASE MAIL OR DELIVER TO:**

*City of Norman-Development Services Division | 201 West Gray Street, Bldg. "A" | Norman, OK 73069 | (405) 366-5339*

### OFFICE USE ONLY

CIB license verification

Staff Initials \_\_\_\_\_

	Date Approved	License Fee
<input type="checkbox"/> Heating Unlimited/Limited	_____	_____
<input type="checkbox"/> Air Unlimited/Limited	_____	_____
<input type="checkbox"/> Gas	_____	_____
<input type="checkbox"/> Sheetmetal	_____	_____
<input type="checkbox"/> Refrigeration	_____	_____